

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9349</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Leslie</u> <u>W</u> <u>Williams</u> P.O. Box, Bldg., Room No., if any <u>Suite 103</u> Street <u>1101 East 87th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64131-2757</u>	4. Name, file number, and address of labor organization. Name <u>Const. & Genl Laborers Local Union No. 264</u> Labor Organization File Number <u>018-798</u> P.O. Box, Building and Room Number, if any <u>Suite 103</u> Street <u>1101 East 87th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64131-2757</u>
5. Position in labor organization. <u>President/Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Leslie Williams</u>	On <u>08/09/2005</u> Date	<u>816-361-1000</u> Telephone Number

Name of Person Filing Leslie Williams	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="GKC LABORERS APPRENTICESHIP PROGRAM"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="8944 KAW DRIVE"/></p> <p>City <input style="width: 80%;" type="text" value="KANSAS CITY"/></p> <p>State <input style="width: 20%;" type="text" value="Kansas"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="66111"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Provides training for LIUNA members affiliated with the Western MO & Ks Laborers' District Council. </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$9,160"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Cost allotted for wife and my attendance of Apprenticeship Graduation dinner as a representative of Local 264 on behalf of Local 264's graduating apprentices. </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$114"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Name of Person Filing **Leslie Williams**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Arnold, Newbold, Winter & Jackson, P.C.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 1600**Street **1125 Grand Boulevard**City **Kansas City**State **Missouri** ZIP Code + 4 **64106****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:☒ a. Labor Organization☐ b. Trust☐ c. Employer**11.a. Nature of such dealing.**

Provides legal services for Local Union, Employee Benefit Funds, and Employee/Contractor Trust departments.

11.b. Approximate dollar value of such dealing.**\$2,710****12.a. Nature of interest held or income received.**

Christmas gift card received in December 2004.

12.b. Amount.**\$50**

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8. Name and address of Business (including trade name, if any).Name **Preferred Health Professionals**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 200**Street **12920 Metcalf Avenue**City **Overland Park**State **Kansas** ZIP Code + 4 **66213-2625****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **TIC International**Trade Name, if any: **G.K.C. Laborers Health & Welfare**P.O. Box, Bldg., Room No., if any **Suite 200**Street **6405 Metcalf**City **Overland Park**State **Kansas** ZIP Code + 4 **66202****11.a. Nature of such dealing.**

Provides Health coverage benefits and assistance to members of the Western Missouri and Kansas Laborers District Council.

11.b. Approximate dollar value of such dealing.**\$15,000,000****12.a. Nature of interest held or income received.**

Received ticket and lunch to a Sunday Kansas City Chiefs Football game in the fall of the 2004 year.

12.b. Amount.**\$100**